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## STATEMENT OF

FORM 1	ORM 1 ORGANIZATION									Offic	e Use Or	nly		
NAME OF COMMITTEE (in	n full)	,	ck if name anged)		mple:If t	/ping, typ s.	ре	12F	E4M!	5				
QinetiQ No	rth Am	erica, In	c. Politic	al A	ction	Com	nmit	tee	(a.ł	k.a.	Qine	tiQ	PA	(C)
ADDRESS (number and street)		7918 Jones E	Branch Drive											
(Check if address is changed)		Suite 350												
		McLean						VA 22102						
		CITY									ZIP	ZIP CODE		
COMMITTEE'S E-MA	AL ADDRES		-	mail ad	dress)									
(Check if	address	zpacs@cox.	net											
(Check if address is changed)														
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)												
(Check if	addraga													
is change														
2. DATE 02	M / D 2		12											
3. FEC IDENTIFIC	CATION NU	JMBER	C co	0038399	)2									
4. IS THIS STATE!	MENT	NEW (N)	OR	×	AM	ENDED	(A)							
I certify that I have e	examined th	is Statement a	nd to the best	of my l	knowledg	e and b	elief it i	is true,	correc	et and o	complete	).		
Type or Print Name	of Treasure	Deborah Fo	X											
Signature of Treasurer  Deborah Fox [Electronically Filed]								Date	02	M /	28	/ Y	201	2
NOTE: Submission of		ous, or incompl									enalties (	of 2 U.	S.C. §	3437g.
Office Use Only					Federal E Toll Free	er information Co 800-424-9 2-694-1100	mmissior 530				FEC F	_		